

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO: | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | <i>Bm</i> |        | 10-17-01 |
| O.I.P.E. CLASSIFIER       | <i>FR</i> | 1018   | 11/2/01  |
| FORMALITY REVIEW          |           |        | 11-02    |
| RESPONSE FORMALITY REVIEW |           |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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530  
 1-17-02